Form approved: OMB number: 3206-0174

Survivor Annuity Election for a Spouse

Your full name (Please print)		Your claim number
		CSA
Please Provide the Follo	wing Information	About Your Spouse
Spouse's full name (Please print)		Spouse's Social Security Number
Spouse's date of birth		Date of marriage (Your election must be received within two years after this date)
Election: I elect a reduced annuity to provide a survivor information in the accompanying letter. I understand that the death of my spouse.		
(Choose one of the following as a base for computing th	ne survivor annuity.)	
Use the maximum amount now available.		
Use the same amount for which my annuity is now		
Use the amount that will currently provide a surviv whole dollar amount.)	or annuity rate of \$_	per month. (Specify a)
Important: You	Cannot Revoke T	his Election.
Your signature (Do not print)	Date	Daytime telephone number
		()
To elect no survivor benefit for your spouse, write you	r initials in the block	provided and sign your name below the block
I have read the enclosed information and have deci-		
Your signature electing no survivor benefit (Do not print)		Date
Priv	acy Act Statement	t
Title 5, U.S. Code, authorizes solicitation of this information eligibility to receive a reduced annuity and to give a survive verification, via paper, electronic media, or through the use or social security administrative agencies to determine an determination or continuation of benefits under this program noted above, with law enforcement agencies when they are in supply all of the requested information may result in our inab	or annuity to your spo of computer matching d issue benefits under n, or to report income in envestigating a violation fility to reduce your annuity	puse. This information may be shared and is subject to programs, with national, state, local, or other charitable r their programs, to obtain information necessary for for tax purposes. It may also be shared and verified, as or potential violation of civil or criminal law. Failure to

We need your spouse's Social Security Number so that it may be used as an individual identifier in the Civil Service Retirement System Executive Order 9397 (November 22, 1943) authorizes the use of the Social Security Number.

Public Burden Statement

We think the election takes an average 45 minutes per response to complete, including the time for reviewing instructions, getting the needed data and reviewing the completed form. Send comments regarding our estimate or any other aspect of this form, including suggestions for reducing completion time, to the U.S. Office of Personnel Management, OPM Forms Officer (3206-0174), Washington, DC 20415-7900. The OMB Number, 3206-0174, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.